

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

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GUY P. JONES
EDITOR

Leprosy Problem Solved.

The Surgeon General of the United States Public Health Service has applied to the California State Board of Health for transportation permits, as required under the Interstate Quarantine Regulations, for the removal of all lepers in California to the new federal leprosarium at Carrville, Louisiana. This act marks all but the final step in the complete solution of the problem relating to the care of lepers by the counties, a problem that has been a source of aggravation and great expense to many California counties.

The agitation for the establishment of a federal leprosarium was started by the California State Board of Health in 1914, and the board looks upon the hospitalization of all these afflicted individuals throughout the United States, in a government institution, as one of its most effective accomplishments.

In the conclusion of his report upon the problem of leprosy in this state to the California State Board of Health in 1914, Dr. George E. Ebright, president of the board, stated:

"I, therefore, take the liberty, in order to bring about what appears to be the best solution of the problem, of suggesting that the California State Board of Health, through the proper channels, represent to the Congress of the United States that the care of lepers should be in charge of the United States Government rather than that of the various states and that Congress be urged to establish, presumably preferably under the United States Public Health Service, such colony or colonies for lepers as may be necessary to meet the situation, for the following reasons: It is a hardship and an injustice to expect the

various counties to be at all times prepared for the care of lepers, inasmuch as the number of lepers is very few in any one county and the cost of their care and maintenance is high compared with other patients. Moreover, it is not feasible to await the appearance of a leper before building a suitable hospital for his confinement. It is not necessary to dwell upon the importance from the standpoint of public health for strict segregation and quarantining of all cases of leprosy. Again, inasmuch as practically all cases of leprosy occurring in the State of California are in persons who have come from either other states or foreign countries, the question is more properly one for the consideration of the United States Government than for the state government."

Following the adoption of this report the board passed resolutions urging the Governor and representatives in Congress to use their influence toward the establishment of a federal leprosarium under the United States Public Health Service. The matter was taken up with the other state boards of health and full support was given to a bill in Congress which provided funds for the establishment of a national leprosarium. This bill was signed by the President in February, 1917. Various difficulties encountered, chiefly those relating to the location of a favorable site, delayed the construction of the institution. The final chapter in the story comes with the actual removal of all these unfortunate individuals in the United States to this government institution, where special care and treatment can be administered to these afflicted persons, and the counties be relieved of the burden of their care.

Human Fluke Infections Reportable.

The California State Board of Health, at one of its recent meetings, made human fluke infections a reportable disease. This action followed the discovery of a large number of Chinese merchants who were suffering from the disease and who had been held in detention by the immigration authorities for a considerable period of time. Action was taken leading to the deportation of these afflicted individuals, but there are undoubtedly a number of orientals now living in various parts of California who are afflicted with fluke infections. Such cases should be reported, if discovered, without delay.

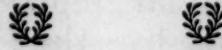
**Killing Rats With Automobiles.**

It would appear that automobiles are effective, not alone in killing human beings, but in the destruction of rats, as well. The deadly exhaust gases are used in asphyxiating the rodents. Attach a pipe or garden hose to the exhaust of the automobile, start the engine and run the gas into the rat hole—simple and effective. Arthur Brisbane says that this method of fighting the rat is important. He adds:

"Man's most dangerous enemy is the rat, carrying disease, spreading plagues, destroying property. To get rid of mice, rats and mosquitoes, forever, would be worth to this earth many times the cost of the big war."

**Noted Penologist Coming.**

Thomas Mott Osborne, former warden of Sing Sing Prison, who accomplished lasting reforms in the improvement of conditions in that prison, will be one of the speakers at the State Conference of Social Workers, to be held in San Diego, April 25th to 28th. The presence of this noted penologist should be of interest to judges, district attorneys, police departments, superintendents of penal institutions, social and health workers.

**Fighting Mosquitoes With Fish.**

The top minnow has been used successfully in the warfare directed against malaria in some of the southern states and it would seem that this method may be equally effective in California, provided that these fish can be found and successfully transported within the state. If this is not possible, it is likely that

the importation of top minnows from one of the southern states will be attempted.

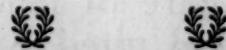
Concerning the use of top minnows in the control of Anopheles breeding in Mississippi, the International Health Board reports: "The fish were procured from a large pond within the community; were easily transported, multiplied rapidly, wintered well, and were tremendously effective in devouring mosquito eggs and larvæ. Wherever conditions favored their use, they demonstrated important advantages over oil; the original cost represented only the slight labor of transportation; they were relatively permanent, only a few places requiring occasional restocking; they were unaffected by rain or wind; and were effective in many breeding places, as in stock ponds and certain running streams, where oil could not be applied."

**Milk Bread Must Contain Milk.**

Investigations made by the State Board of Health show that many bakers have been selling a certain style loaf of bread as "milk bread," which bread is not, in fact, made with milk. None of the bakers investigated used any whole milk; a few of them used a small amount of dried skim milk or condensed skim milk. In some instances, the bread was labeled "milk bread"; in other cases it was not so labeled but was simply sold as "milk bread."

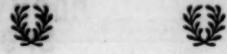
A large number of bakers were given a hearing before the State Board of Health on March 4th. They stated that it had become a matter of practice to call a certain style of loaf "milk bread," regardless of whether or not it contained any milk. It was also shown that this type of bread constitutes only about 16 per cent of the bakers' output.

The board ruled that the use of the word "milk" in connection with bread, as ordinarily practiced, is in violation of the pure food law. The bakers expressed their willingness to discontinue the use of the term "milk bread," and in view of this attitude it appears that the difficulty can be very easily corrected. Retail grocers and others who handle bread will be asked to cooperate in this matter.

**Prepare Automobile Camps Now.**

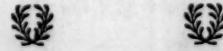
In a few weeks the automobile tourists will block the highways. Municipal automobile camps should be made ready now for the great increase in travel

which will certainly follow the advent of warm spring weather. New equipment, if needed, should be installed immediately. If no caretaker has been engaged, steps should be taken immediately for the employment of such an individual throughout the touring season. According to the records of the State Board of Health, there are at least one hundred and twenty-five municipal automobile camps in California. The State Board of Health sanitary inspectors will make inspections of all of these camps at the earliest possible moment in order to determine if the regulations of the board for the maintenance of such places are being strictly observed. Copies of these regulations will be sent to the officials of any cities requesting them.



Auto Camps Are Valuable.

Through the establishment of well conducted municipal and private automobile camps, promiscuous camping is greatly lessened. Consequently, fewer streams become polluted and the public health is safeguarded. The municipal automobile camp also serves many advantages to the town in or near which it may be located. The secretary of the Willits Chamber of Commerce says: "We raised the money for our auto camp ground by a carnival. The care of the park is in the hands of a caretaker at \$75 a month. The benefits derived by our business men are beyond computation, but we figure that every car camped in our ground leaves many dollars. The equipment that we have and contemplate installing consists of lavatories, swimming pool, shower baths, camp stools, tables and benches. Our idea is to impose a nominal charge of fifty cents a day with extra charges for wood. There is no question but that a properly installed auto camp is a wonderful acquisition to any community and we are bending every effort to make ours one of the best in this section of the country."



Correct Defects in Childhood.

The importance of correcting defects and in preventing the contraction of communicable diseases in childhood is emphasized strongly by Sir George Newman, Medical Officer of Health, England, in the following words: "If the child be left the prey of neglected measles, scarlet fever, rheumatic fever, malnutri-

tion or dental decay the results in adolescence and adult life are certain and inevitable, namely, tuberculosis, nephritis, cardiac disease, anaemia and debility, or an early loss of teeth. The law of cause and effect operates universally and with precision. We obtain much of the disease and premature disease which occurs between the ages of eighteen and fifty-eight, first, because we neglect to deal with the origins of disease in childhood, and, secondly, because we fail in that period to sow the seeds of hygiene and healthy living—the insistence upon the essential elements of health, viz, fresh air, exercise, warmth, nutrition, cleanliness habit. Thus, childhood is the time for the prevention of disease, the nipping of it in the bud, as well as for a sound education in a healthy way of life. The final issue of a comprehensive system of physical welfare before school life, during school life and in adolescence is a citizen educated in hygiene, possessing a health-conscience and trained in personal and social habits to avoid infection, to live in accordance with the laws of health, and to understand that the individual body in health is the first line of defense against disease."



The Fight on Communicable Diseases.

Lack of concerted effort in the control of communicable diseases, apathy upon the part of citizens and some officials, disorganization, and a public conscience asleep are all important factors in the development of outbreaks of communicable diseases and failure in their control. Of this, Sir George Newman, Medical Officer of Health, England, says:

"The time has more than come for taking further steps in the organization of a systematic and ordered attack on the strongholds of preventable disease—particularly the mass of crippling morbidity and invalidism which is undermining the capacity and efficiency of the people—an attack which will depend for its achievement upon a close partnership and cooperation between all branches of medicine, between the medical profession and the public, and between the governing authorities and those who are governed. We can not continue wisely to rely upon piecemeal effort, divided counsel and conflicting authorities. If the nation desires ever to rid itself of the common enemy there must be unity both of purpose and action—and even so that task will be a long one."

MORBIDITY.

Influenza.

Influenza dropped to 5249 reported cases last week. The curve for the 1922 outbreak is very similar to that for the 1920 epidemic. The largest numbers of cases were reported in the following localities: Anaheim 22, Banning 29, Bakersfield 48, Berkeley 129, Blythe 126, Calaveras County 35, Chico 47, Chino 27, Coalinga 60, Covina 37, Colusa 21, El Segundo 45, Fullerton 53, Kern County 91, Los Angeles County 292, Long Beach 69, Lincoln 25, Los Angeles 1243, Madera 71, Merced 38, Mill Valley 68, Modoc County 20, National City 30, Ontario 116, Orange County 96, Oakland 32, Palo Alto 93, Pasadena 79, Redding 31, Riverside 73, Redlands 59, Red Bluff 31, San Diego 329, San Francisco 121, San Jose 44, Santa Ana 91, Santa Monica 47, Santa Cruz County 33, Scotia 29, Stanislaus County 64, Stockton 51, Tulare County 69, Ukiah 44, Visalia 63, Watsonville 133.

Smallpox.

There were but 52 cases of smallpox reported last week. Of these, 26 were in San Jose and in the small cities and rural districts of Santa Clara County. Tulare County reported 5 cases, Fresno County 4 cases, and Bakersfield 4 cases. The rest of the cases were scattered throughout the state.

Typhoid.

Typhoid is at low ebb. There were but 5 cases in California last week. Two of these were in Los Angeles and 1 each

in Lassen, Los Angeles and Merced counties.

Poliomyelitis.

One case of poliomyelitis was reported in Pasadena and 1 in Tehama County.

Scarlet Fever.

Scarlet fever showed a decrease last week. This disease has been more prevalent than usual, during the past few weeks.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX	OPHTHALMIA NEONATORUM
BERI-BERI	PARATYPHOID FEVER
CEREBROSPINAL MENINGITIS (Epidemic)	PELLAGRA
CHICKENPOX	PLAQUE
CHOLERA, ASIATIC	PNEUMONIA
DENGUE	POLIOMYELITIS
DIPHTHERIA	RABIES
DYSENTERY	ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
ENCEPHALITIS (Epidemic)	SCARLET FEVER
ERYSIPelas	SMALLPOX
GERMAN MEASLES	SYphilis*
GLANDERS	TETANUS
GONOCOCCUS INFECTION*	TRACHOMA
HOOKWORM	TUBERCULOSIS
INFLUENZA	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
MALARIA	WHOOPING COUGH
MEASLES	YELLOW FEVER
MUMPS	

*Reported by office number. Name and address not required.

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAQUE	YELLOW FEVER

COMMUNICABLE DISEASE REPORTS.

Disease	1922			1921			Reports for week ending Mar. 12 received by Mar. 16	
	Week ending		Reports for week ending Mar. 11 received by Mar. 14	Week ending		Mar. 5		
	Feb. 18	Feb. 25		Feb. 19	Feb. 26			
Anthrax	0	0	0	0	0	0	0	
Cerebrospinal meningitis	3	3	2	5	1	4	2	
Chickenpox	198	171	176	149	154	305	252	
Diphtheria	188	160	139	143	117	139	102	
Dysentery (bacillary)	0	0	0	0	1	1	1	
Epidemic encephalitis	1	2	1	1	4	3	3	
Gonorrhoea	35	60	118	93	78	61	109	
Influenza	5,238	12,115	12,197	5,249	158	232	195	
Leprosy	0	0	0	0	1	1	2	
Malaria	4	2	0	0	3	3	1	
Measles	25	24	23	22	739	1,031	813	
Mumps	102	106	109	67	290	370	335	
Pneumonia	197	232	300	227	119	115	101	
Poliomyelitis	0	2	1	2	1	0	1	
Scarlet fever	148	156	132	89	166	144	140	
Smallpox	101	81	54	52	252	235	215	
Syphilis	36	87	135	77	94	60	111	
Tuberculosis	138	186	159	129	202	156	206	
Typhoid fever	6	8	14	5	8	4	11	
Whooping cough	47	41	56	56	38	56	54	